

VRISM

Medical Certifier Training for Death Certificates
Tennessee Vital Records 2018

TN

Welcome to the state of Tennessee's VRISM training for medical certifiers. In this training you will learn what VRISM is and how you can now complete death certificates electronically.

What is VRISM?

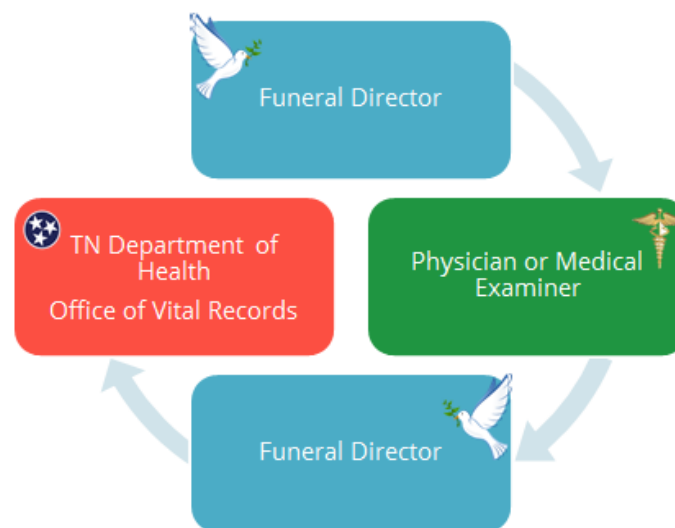
- VRISM is an acronym that stands for Vital Records Information System Management. This system allows vital records such as birth, death, marriage, and divorce to be registered and issued electronically across the state of TN.
- This training is over the Electronic Death Registration System” or “EDRS.”
- The issuance module was launched in 2014 and has successfully been implemented by all TN health departments, allowing for faster access to birth and death certificates. This gives local health departments the same ability as the state to issue birth and death certificates throughout the state, regardless of the county.
- VRISM is constantly being improved and updated. You will receive system notifications and emails with information.

VRISM is an acronym that stands for Vital Records Information System Management. This system allows vital records such as birth, death, marriage, and divorce to be registered and issued electronically across the state of TN. In this training, you will only learn about death certificates. The issuance module was launched in 2014 and has successfully been implemented by all TN health departments, allowing for faster access to certificates. This gives local health departments the same ability as the state to issue throughout the state, regardless of the county.

Why VRISM?

- Secure, online processing that saves time (as much as 40 days)
- Similar to the current paper process
- No paper submissions which will reduce errors
- Fields and data rules still comply with federal guidelines

Switching to an electronic death registration system provides an added degree of security and saves time for all parties involved in the registration and issuance of death certificates. The only major difference in the process is that now the record is registered electronically, which will help reduce record errors. The fields and data rules comply with federal guidelines, just as the paper process did.



The workflow of the Electronic Death Registration System is also the same as the paper process. The funeral home will initiate the record and complete all demographic information. This corresponds to tabs 1-6 in VRISM.

Once this has been completed, the funeral home will assign the record to a medical certifier. They will complete the medical information portion on tabs 7-10 and then certify on tab 11. The record will indicate when this has been done in the funeral director's work queue. Once the record has been reviewed for accuracy and completion, it will be able to be released to the State for registration.

Medical Certifiers are responsible for tabs 7-10:

- 7. Time/Autopsy
- 8. Cause of Death
- 9. Manner/Details/Injury
- 10. Certifier

In addition to certification on tab 11

Medical certifiers are responsible for tabs 7-10, which are the medical information of the decedent, as well as the certification portion of 11. If you frequently complete death certificates in full, please indicate this on your user agreement for access to the VRISM system so that authorization can be granted to you.



Department of
Health

Logging into VRISM



MAILING ADDRESS
Tennessee Office of
Vital Records
Andrew Johnson Tower, 1st
Floor
710 James Robertson Parkway
Nashville, TN 37243

PHONE
1-(855) -VRISMTN



TENNESSEE VRISM

The purpose of the Tennessee VRISM system is to support the registration of Tennessee vital events for the Tennessee Department of Health and other users such as funeral directors, attending physicians, medical examiners and birthing facilities. This system may be used only for the purpose for which it is provided. Any attempt to file fraudulent certificates of live birth, death or reports of fetal death is punishable in accordance with Tennessee statutes.

By accessing this system, I agree to use this system only for the purpose of registering a Certificate of Live Birth, Certificate of Death or Report of Fetal Death for events occurring in the State of Tennessee.

I understand that failure to adhere to the above agreement will result in loss of access to the VRISM system. Any unauthorized access, misuse and/or disclosure of information may result in disciplinary action including, but not limited to, suspension or loss of individual or facility access privileges, an action for civil damages, or criminal charges.

LOGIN

This is the VRISM login screen. You will see the red, white, and blue map of TN and at the bottom you'll see the blue log in button. Please note that on the left side of the screen you will see the mailing address and phone number of TN Vital Records. If you have any questions you can call this number and someone from our team will assist you. Using Internet Explorer is suggested with this application, as that is the browser on which it was developed. Clicking the "log in button" will start the four-step log in process.



Step One: Username

WARNING:

This system is for use by authorized personnel only. Individuals accessing this system without authority or in excess of their authority are in violation of Federal and/or State laws, regulations and policies and may be subject to criminal, civil and/or administrative actions. Any information, including personal information, on this computer system may be intercepted, recorded, read, copied and disclosed by and to authorized personnel for administrative purposes, including criminal investigations. Anyone using this system expressly consents to such monitoring and SHOULD HAVE NO EXPECTATION OF PRIVACY for any information stored or communicated in or through this system.

Username: [Forgot Username?](#)

The first step is entering your username. This will be assigned to you after you submit a user agreement. Please note that all fields in the log in process are case-sensitive, so make sure to type in your information exactly as given to you.



Step Two: Security Questions

WARNING:

This system is for use by authorized personnel only. Individuals accessing this system without authority or in excess of their authority are in violation of Federal and/or State laws, regulations and policies and may be subject to criminal, civil and/or administrative actions. Any information, including personal information, on this computer system may be intercepted, recorded, read, copied and disclosed by and to authorized personnel for administrative purposes, including criminal investigations. Anyone using this system expressly consents to such monitoring and SHOULD HAVE NO EXPECTATION OF PRIVACY for any information stored or communicated in or through this system.

What was your childhood nickname?

Answer:

[Forgot Answer?](#)

Continue

Reset

You would then press “continue,” which will take you to the next step, answering one of your three selected security questions. Once you have received your username and a link to set up your account, you will be able to personalize these questions; however, if someone from the state has set up your account for you, the answer to your security questions will be the last word of the question. This can be personalized after you log in for the first time. Once you’ve answered your security question, please press “continue” to move to the next step of the log in process.



Logging In

Step Three: Security Image and Phrase

WARNING:

This system is for use by authorized personnel only. Individuals accessing this system without authority or in excess of their authority are in violation of Federal and/or State laws, regulations and policies and may be subject to criminal, civil and/or administrative actions. Any information, including personal information, on this computer system may be intercepted, recorded, read, copied and disclosed by and to authorized personnel for administrative purposes, including criminal investigations. Anyone using this system expressly consents to such monitoring and SHOULD HAVE NO EXPECTATION OF PRIVACY for any information stored or communicated in or through this system.

Please Note

Identify your Image and Key. Press Cancel if they don't match.



vrism

[Forgot Image or Key?](#)

Continue

Cancel

The third step is verifying that the image and phrase on the screen. These will be personalized in the account activation process. If you get an image and phrase that are not the ones you set, please restart the log in process.



Step Four: Password

WARNING:

This system is for use by authorized personnel only. Individuals accessing this system without authority or in excess of their authority are in violation of Federal and/or State laws, regulations and policies and may be subject to criminal, civil and/or administrative actions. Any information, including personal information, on this computer system may be intercepted, recorded, read, copied and disclosed by and to authorized personnel for administrative purposes, including criminal investigations. Anyone using this system expressly consents to such monitoring and SHOULD HAVE NO EXPECTATION OF PRIVACY for any information stored or communicated in or through this system.

Password: [Forgot Password?](#)

Log In

Reset

Step four is simply entering in your password and pressing “log in.” If you are taken back to the first step, the username screen, try logging in again or contacting the VRISM Help Desk if the issue persists. We ask you to refrain from giving your log in information to other users.



Logged in as:
Physician Test
at PHYSICIANTEST
Unit: PHYSICIANTEST

Main

Deaths: 4 Atom

News

There is no news for Physician Test

News Message

Missing Medical Certification (1-14 of 14)

Description	Event Date		Action
SQUIRREL ROCKY 04/26/2018	04/26/2018	Details	Process
PEPPER SGT 04/27/2018	04/27/2018	Details	Process
SQUAREPANTS SPONGEBOB 04/28/2018	04/28/2018	Details	Process
VADER DARTH 04/28/2018	04/28/2018	Details	Process
POOH WINNIE 04/28/2018	04/28/2018	Details	Process
MOUSE MIGHTY 04/29/2018	04/29/2018	Details	Process
MOUSE MICKY 05/01/2018	05/01/2018	Details	Process
PICKLES ANGELICA 05/01/2018	05/01/2018	Details	Process
GHOST CASPER 05/02/2018	05/02/2018	Details	Process
BIRD TWEEETY 05/02/2018	05/02/2018	Details	Process
BROWN CHARLIE 05/03/2018	05/03/2018	Details	Process
FEET UNDER SOX 05/03/2018	05/03/2018	Details	Process
STALLIONTESRT BLACK 05/07/2018	05/07/2018	Details	Process
SYSTEM VRISM 05/09/2018	05/09/2018	Details	Process

Once you have logged in, you will see the main page. If there are updates from the state you will see these here under the news tab. VRISM is continually being improved and updated, so please check this tab when you log in. The upper left side of the screen will show your user information. If any of this information is incorrect, please contact the VRISM Help Desk. This screen is also where pending death certificates can be seen in your work queue. By pressing “death” in the dark gray bar under main, you will be taken to the main death screen.



Work Queue

Main -- Death

Delayed Diagnosis [New Death](#) [Search](#) [Print](#)

News

[News Message](#)

There is no news for Physician Test

Missing Medical Certification (1-14 of 14)

Description	Event Date		Action
SQUIRREL ROCKY 04/26/2018	04/26/2018	Details	Process
PEPPER SGT 04/27/2018	04/27/2018	Details	Process
SQUAREPANTS SPONGEBOB 04/28/2018	04/28/2018	Details	Process
VADER DARTH 04/28/2018	04/28/2018	Details	Process
POOH WINNIE 04/28/2018	04/28/2018	Details	Process
MOUSE MIGHTY 04/29/2018	04/29/2018	Details	Process
MOUSE MICKEY 05/01/2018	05/01/2018	Details	Process
PICKLES ANGELICA 05/01/2018	05/01/2018	Details	Process
GHOST CASPER 05/02/2018	05/02/2018	Details	Process
BIRD TWEETY 05/02/2018	05/02/2018	Details	Process
BROWN CHARLIE 05/03/2018	05/03/2018	Details	Process
FEET UNDER SK 05/03/2018	05/03/2018	Details	Process
STALLIONTESRT BLACK 05/07/2018	05/07/2018	Details	Process
SYSTEM VR63M 05/08/2018	05/08/2018	Details	Process

From here you will also be able to view your work queue, in addition to being able to search and initiate records. Please note that the work queue may have different tabs for cases depending on their progress. To open an existing record, press “process” to the far right of the decedent’s name. This will take you to tab 1 within the record.



Tab 1: Decedent

Death - Last: SQUIRREL First: ROCKY Date of death: 04/26/2018

1 Decedent* 2 Decedent Info 3 Origin/Race 4 Parents/Informant 5 Disposition 6 Funeral Director/Embalmer 7 **Time/ Autopsy** 8 **Cause of Death** 9 **Manner/Details/Injury** 10 **Certifier** 11 Case Actions

1. Decedent's Legal Name

☐ If needed correct date and time of death on Tab 7.

First: ROCKY
Middle:
Last: SQUIRREL
Last name prior to first marriage:
Suffix:
☐ Decedent has AKA/alias

2. Sex
Sex: MALE

3. Date of Death
Date of death: 04/26/2018
☐ Date found

4. Time of Death
Time: 18:19
Time designation: Military

6. Date of Birth
Date of birth: 09/23/1948

5. Age
Age: Over 1 year
Years: 69
Months: & days:
Hours: & minutes:

12. Social Security Number
SSN: 888-88-8888
☐ None
Verification status: 0 - OVS2 down - contact system administrator

8. Place/Location of Death
Place of death: DECEDENT'S HOME
Specify other place of death:
County of death for selecting facility: SHELBY
Hospital: Select
Hospice: Select
Nursing home/ long term care: Select
☐ Check if facility is not in the list
Country: UNITED STATES
State: TENNESSEE
County list: SHELBY
County: SHELBY
City list: MEMPHIS
City or town: MEMPHIS
Facility name:
Street and number: 909 W. LAKEFIELD RD.
Apartment number:
Zip code: 96523

Previous Next Finish Cancel

Since tab 1 is typically the responsibility of the funeral home, you can skip to tab 7 by clicking on it. The tabs which are the responsibility of medical certifiers are marked with asterisks.



Tab 7: Time/Autopsy

Death -- Last: SQUIRREL First: ROCKY Date of death: 04/26/2018

1 Decedent 2 Decedent Info 3 Origin/Race 4 Parents/Informant 5 Disposition 6 Funeral Director/Embalmer 7 ****Time/Autopsy**** 8 **Cause of Death** 9 **Manner/Details/Injury** 10 **Certifier** 11 Case Actions

Case Information

Decedent's first name: ROCKY

Decedent's last name: SQUIRREL

Decedent's date of birth: 09/23/1948

Sex: MALE

Medical record number:

Medical examiner case number:

3. Date of Death

Date of death (MM/DD/YYYY): 04/26/2018

☐ Date found

4. Time of Death

Time of death (HH:MM): 18:19

Time designation: Military

ME Contacted

Was medical examiner contacted? Select

29 Autopsy

Was an autopsy performed? Select

Were autopsy findings available to complete the cause of death? Select

Response to Cremation Request

ME approves cremation request Select

Previous Next Finish Cancel

Tab 7 is the time and autopsy information. You will see the decedent's information such as first and last name, date of birth, date and time of death, and sex. Though the funeral home enters the date and time of death on tab 1, the medical certifier also does this on tab 7. If there is an inconsistency with these two entries, the entry on tab 7 will be the information printed on the certificate. Every field on the paper certificate is required in VRISM. Unless fields are yellow instead of white, they are the responsibility of the medical certifier. Please note some fields become yellow or white depending on the information entered in previous fields. To go to the next tab, click "next."



Tab 8: Cause of Death

Death -- Last: **SQUIRREL** First: **ROCKY** Date of death: **04/26/2018**

1 Decedent | 2 Decedent Info | 3 Origin/Race | 4 Parents/Informant | 5 Disposition | 6 Funeral Director/Embalmer | 7 **Time/Autopsy** | **8 **Cause of Death**** | 9 **Manner/Details/Injury** | 10 **Certifier** | 11 Case Actions

28. Cause of Death PART I.
**Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause

☐ Cause of death pending
☐ Cause could not be determined

IMMEDIATE CAUSE (Final disease or condition resulting in death) APPROXIMATE INTERVAL:
Onset to death

a.
Due to (or as a consequence of)

Sequentially list conditions, if any, leading to the cause listed on line a.
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.

b.
Due to (or as a consequence of)

c.
Due to (or as a consequence of)

d.

28. PART II.
Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Other Significant Conditions contributing to death

Rare Cause Alert
If a rare cause of death warning appeared at the top of this tab the cause(s) listed is considered a Rare and Unusual cause of death and requires confirmation from National Center for Health Statistics.

Has this cause(s) been confirmed by medical testing?

Tab 8 is the cause of death. There are two check boxes at the top of the screen: “cause of death pending” and “could not be determined.” If “pending” is marked, the certifier will have to complete the delayed diagnosis after cause of death is found. Only a medical examiner can mark “could not be determined.” If neither of those check boxes pertains to the case, the certifier will need to input part 1, the immediate cause of death and other conditions leading to the cause, and part 2 if there are any underlying conditions known contributing to death. Please limit to one cause of death per line and do not abbreviate.



Tab 8: Cause of Death

Rare Cause

Immediate Cause A

The warning for a rare and unusual cause at the top of the screen should read: A cause(s) of death appears on the International Classification of Diseases list as infrequent and rare causes of death in the United States. Any of the conditions on the list when reported anywhere in the medical certifications is to be verified by the certifying physician.

Death -- Last: **SQUIRREL** First: **ROCKY** Date of death: **04/26/2018**

1 Decedent 2 Decedent Info 3 Origin/Race 4 Parents/Informant 5 Disposition 6 Funeral Director/Embalmers 7 **Time/Autopsy** 8 ****Cause of Death**** 9 **Hemorrh/Details/Injury** 10 **Certifier** 11 Case Actions

28. Cause of Death PART I.

****Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line. DO NOT ABBREVIATE.****

☐ Cause of death pending
☐ Cause could not be determined

IMMEDIATE CAUSE: (Final disease or condition resulting in death) APPROXIMATE INTERVAL:
Onset to death

a. **ANTHRAX** Due to (or as a consequence of)

Sequentially list conditions, if any, leading to the cause listed on line a.
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.

b. Due to (or as a consequence of)

c. Due to (or as a consequence of)

d. Due to (or as a consequence of)

28. PART II.

Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Other Significant Conditions contributing to death

Rare Cause Alert

If a rare cause of death warning appeared at the top of this tab the cause(s) listed is considered a Rare and Unusual cause of death and requires confirmation from National Center for Health Statistics.

Has this cause(s) been confirmed by medical testing? ☐ Select

Previous **Next** Finish Cancel

Please note if an entered cause of death is rare, after the user clicks “next,” the system will flag the rare cause and a warning will appear at the top of tab 8 stating it is a rare cause. It will then be necessary to answer whether the cause of death was confirmed by medical testing at the bottom of the screen. To go to the next tab, click “next.”



Tab 9: Manner/Details/Injury

Death -- Last: *SQUIRREL* First: *ROCKY* Date of death: *04/26/2018*

[1 Decedent] [2 Decedent Info] [3 Origin/Race] [4 Parents/Informant] [5 Disposition] [6 Funeral Director/Embalmer] [7 **Time/Autopsy**] [8 **Cause of Death**] [9 ****Manner/Details/Injury****] [10 **Certifier**] [11 Case Actions]

30. Manner of Death
Manner of death:

31. Tobacco Use
Did tobacco use contribute to death?:

32. If Female
If female, select one from list:

34 a. Injury - Date
Date of injury (MM/DD/YYYY):
☐ Found

34 b. Injury - Time
Time of injury (HH:MM):
Time designation:

34 c-d. Injury - Place
Injury at work?:
Place of injury - at home, farm, street, factory, office, building, etc. (Specify):

34 e. Injury - How
Description:

34 f. Injury - Where
Street and number:
Apartment number:
Country:
State/province:
County list:
County:
City list:
City or town:
Zip code:

33. If Transportation Injury
Specify:
Other - specify:

Tab 9 concerns the manner of death, in addition to questions about tobacco use, pregnancy, and injury. Please note anything besides a natural or pending manner of death will become a medical examiner case. Any injury contributing to death would negate a natural manner of death, so injury information should only be entered by medical examiners. To go to the next tab, click "next."



Tab 10: Certifier

Death -- Last: *SQUIRREL* First: *ROCKY* Date of death: *04/26/2018*

1 Decedent | 2 Decedent Info | 3 Origin/Race | 4 Parents/Informant | 5 Disposition | 6 Funeral Director/Embalmer | 7 **Time/Autopsy** | 8 **Cause of Death** | 9 **Manner/Details/Injury** | **10 **Certifier**** | 11 Case Actions

26. Person Completing Cause of Death (i.e. Certifier)

Certifier designation: *PHYSICIAN*

27d. Certifier's Name

Physicians: *TEST - PHYSICIAN - - 4986595*

Medical examiners (county of death): *Select*

Medical examiners (all): *Select*

Forensic pathologists: *Select*

☐ Not in list

First name: *PHYSICIAN*

Middle name:

Last name: *TEST*

Suffix:

Case access: *ELECTRONIC*

27d. Certifier's Address

Street and number: *710 WASABI TRAIL*

Apartment or suite number:

Country: *UNITED STATES*

State/province: *TENNESSEE*

City list: *GATLINBURG*

City or town: *GATLINBURG*

Zip code: *25698*

27d. Certifier's Title

Title list: *DO*

Title: *DO*

27b. Certifier's Number

Medical license number: *4986595*

27 a, c. Certification Date

Date signed by certifier (MM/DD/YYYY):

Previous **Next** Finish Cancel

Tab 10 shows the certifier's information as it will appear on the death certificate. If any information is incorrect, please contact the VRISM Team Help Desk. To go to the next tab, click "next."



Tab 11: Case Actions

Death - Last: SQUIRREL First: ROCKY Date of death: 04/26/2018

1 Decedent 2 Decedent Info 3 Origin/Race 4 Parents/Informant 5 Disposition 6 Funeral Director/Embalmers 7 **Time/Autopsy** 8 **Cause of Death** 9 **Manner/Details/Injury** 10 **Certifier** 11 Case Actions

Comments Among Users About Case

Comments

Assign to Physician or ME County

Select physician

☐ Physician not in list

County of occurrence SHELBY

Select ME county

Case access

☐ Click when assignment is complete

Certify Medical

☐ Check when ready to certify ☐ Check if you decline to certify

Declined by Certifier

Reason

Certifier

☒ **PHYSICIAN**-To the best of my knowledge, death occurred at the date, time, and place, and due to the cause(s) and manner stated.

☐ **MEDICAL EXAMINER**-On the basis of examination, and/or investigation, in my opinion, death occurred at the date, time, and place, and due to the cause(s) and manner stated.

Assign to Funeral Home

Select funeral home

☐ Funeral home not in list

Case access

☐ Click when assignment or transfer is complete

Release Case

☐ Check when ready for review before releasing ☐ Check if you decline to complete this record

Case Status Information

Medical information status Case pending

Personal information status Case pending

Registration status Not submitted

Total unknown 3

Case Action History

05/03/2018 Record created by user ID: 414 -- 05/03/2018 User ID: 414

Assigned case to PHYSICIAN TEST 4986595

Once you have completed tabs 7-10, you will need to save the record before you are able to certify on tab 11. To save, press the “finish” button at the bottom of the screen. When you press the “finish” button, the system runs a full check on the required fields.



VRISM Warning Screen

Main
Death | System

VRISM Warning

The record you are trying to save is UNFINISHED. All of the following fields are required for a FINISHED record.

ATTN: MEDICAL CERTIFIER - The following information must be entered to complete the medical information section. Fix all the following:

[Was medical examiner contacted must be answered](#)

Field Group Description: Was medical examiner contacted must be answered

[Autopsy must be answered or select Unknown](#)

Field Group Description: Autopsy must be answered or select Unknown

Required to register or complete: If dropped to paper, the State office must complete the information and register the record. Fix all the following:

[Medical Information Section](#)

Field Group Description: Must be certified or released for registration.

[Personal Information Section](#)

Field Group Description: Must be released for registration

Save (as Pending)

If any missing information is your responsibility, it will appear on the VRISM Warning Screen under the Attn: Medical Certifier heading. This information will appear as clickable links which will take you back to the tab in which the missing information is located. If all information is complete, click “save as pending.”



Successful Transaction

Your transaction has been saved successfully.

Record Details

First name	ROCKY
Last name	SQUIRREL
State file number	
Date of death	04/26/2018

Other Options

Following options are available:

[Return to Record](#)

[Main Menu](#)

[Repeat Task](#)

If ready to certify immediately after saving, click “return to record” and then click on tab 11.



Tab 11: Case Actions

Death -- Last: SQUIRREL First: ROCKY Date of death: 04/26/2018

1 Decedent 2 Decedent Info 3 Origin/Race 4 Parents/Informant 5 Disposition 6 Funeral Director/Embalmer 7 **Time/Autopsy** 8 **Cause of Death** 9 **Manner/Details/Injury** 10 **Certifier** 11 Case Actions

Comments Among Users About Case

Comments

Assign to Physician or ME County

Select physician

☐ Physician not in list

County of occurrence SHELBY

Select ME county

Case access

☐ Click when assignment is complete

Certify Medical

☒ Check when ready to certify ☐ Check if you decline to certify

Declined by Certifier

Reason

Certifier

☒ **PHYSICIAN**-To the best of my knowledge, death occurred at the date, time, and place, and due to the cause(s) and manner stated.

☐ **MEDICAL EXAMINER**-On the basis of examination, and/or investigation, in my opinion, death occurred at the date, time, and place, and due to the cause(s) and manner stated.

Certify

Assign to Funeral Home

Select funeral home

☐ Funeral home not in list

Case access

☐ Click when assignment or transfer is complete

Release Case

☐ Check when ready for review before releasing ☐ Check if you decline to complete this record

Case Status Information

Medical information status Case pending

Personal information status Case pending

Registration status Not submitted

Total unknown 3

Case Action History

05/03/2018 Record created by user ID: 414 -- 05/03/2018 User ID: 414

Assigned case to PHYSICIAN TEST 4986595

If you are certifying the record, check the box “check when ready to certify.” Checking this box will allow you to press the “certify” button. If you are declining to certify, check the “decline to certify box” and give a reason in the field below. Once the certification fields have been completed, click “finish” at the bottom of the screen.



VRISM Warning Screen

Main
Death | System

VRISM Warning

The record you are trying to save is UNFINISHED. All of the following fields are required for a FINISHED record.

Required to register or complete: If dropped to paper, the State office must complete the information and register the record. Fix following:

Personal Information Section

Field Group Description: Must be released for registration

Save (as Pending)

If certified correctly, there should be no messages for a medical certifier on the VRISM Warning Screen.



Successful Transaction

Your transaction has been saved successfully.

Record Details

First name	ROCKY
Last name	SQUIRREL
State file number	
Date of death	04/26/2018

Other Options

Following options are available:

[Return to Record](#)

[Main Menu](#)

[Repeat Task](#)

Click “save as pending.” The record should no longer appear on your work queue and should be available for release by the funeral director.

Tab 11: Case Actions

[6 Funeral Director/Embalmer] [7 **Time/Autopsy**] [8 **Cause of Death**] [9 **Manner/Details/Injury**] [10 **Certifier**] **11 Case Actions**

Assign to Funeral Home

Select funeral home

☐ Funeral home not in list

Case access

☐ Click when assignment or transfer is complete

Release Case

☐ Check when **ready for review** before releasing ☐ Check if you **decline** to complete this record

Release Un-release

Case Status Information

Medical information status: Case pending

Personal information status: New

Registration status: Not submitted

Total unknown: 0

Case Action History

05/23/2018 Record created by user ID: 483

Previous Next **Finish** Cancel

Please note that if you have initiated the record and would like to assign it to a funeral home, you will also do this on tab 11 prior to certification. Once the record has been certified a funeral home cannot edit or change anything within the record. If changes are need, the funeral home must contact the certifier and ask them to uncertify the record. You can assign a record by choosing a funeral home out of the drop down list at the upper right side of the screen and then checking the box “click when assignment is complete” and clicking “finish.”



balmer | 7 **Time/Autopsy** | 8 **Cause of Death** | 9 **Manner/Details/Injury** | 10 **Certifier** | 11

27d. Certifier's Address

Street and number 710 WASABI TRAIL

Apartment or suite number

Country UNITED STATES

State/province TENNESSEE

City list GATLINBURG

City or town GATLINBURG

Zip code 25698

27d. Certifier's Title

Title list DO

Title DO

27b. Certifier's Number

Medical license number 4986595

27 a, c. Certification Date

Date signed by certifier (MM/DD/YYYY)

Previous Next **Finish** Cancel

VRISM Warning

Trying to save is UNFINISHED. All of the following fields are required

ical information section. Fix all the following:

vered

ation and register the record. Fix all the following:

Save (as Pending)

Here are some key things to remember for easier navigation in the VRISM system. VRISM does not save information automatically and will time out after 15 minutes of inactivity and log you out of the system. If you expect to be interrupted or you are new to the system, we recommend pressing “finish” and “save as pending” frequently to secure your information.



Printing a Record

Main — Death — Print — Funeral Home Copy

Death Record Search Criteria

Record Identifiers

Event year

State file number

Certificate indicator

ME case number

Decedent's Name

First

Middle

Last

Suffix

☐ Soundex on last name

Decedent's Sex

Sex

Decedent's Social Security Number

SSN

Date of Death

Date of death (mm/dd/yyyy)

From

To

Month and Year of Death

Month

Year

Date of Birth

Date of birth (mm/dd/yyyy)

From

To

Location of Death

County

Cities

City

To print a record, follow the path Main > Death > Print > Funeral Home Copy. From here you will be able to enter criteria to search for the record.



Printing a Record

Int - Funeral Home Copy

Records List (Showing 1 - 1 of 1 records)

First Name	Middle Name	AKA	Date of Death	Mother Maiden Name	Father Last Name	County	Status	Details
POPEYE	THE	No	05/17/2018	UNKNOWN	UNKNOWN	SHELBY	REGISTERED	

Cancel

Select your case from the search results and press “details” at the far right of the screen.



Printing a Record

Logged in as:
Physician Test
at PHYSICIANTEST
User: PHYSICIANTEST

Version: RL5.4.32-TEST1
05/23/2018 07:53 AM
Logout | Help

Main -> Death -> Print -> Funeral Home Copy

Record Details

1 Decedent | 1A Decedent AKA's | 2 Decedent Info | 3 Origin/Race | 4 Parents/Informant | Court Order Info | 5 Disposition | 6 Funeral Director/Embalmer | 7 **Time/Autopsy** | Delayed Diagnosis Demographic Info |
8 **Cause of Death** | 9 **Manner/Details/Injury** | 10 Actual Date/Pronounce/Contact | 10 **Certifier** | Supporting Documents | 11 Case Actions

1. Decedent's Legal Name

First: POPEYE

Middle: THE

Last: SAILOR

Last name prior to first marriage:

Suffix:

Decedent has AKA/alias: No

2. Sex

Sex: MALE

3. Date of Death

Date of death: 05/17/2018

Date found: No

6. Date of Birth

Date of birth: 01/17/1929

12. Social Security Number

SSN: 999-99-9999

Verification status: -1

Date when export to SSA included this record:

Number of OVS verification attempts: 0

Date of last OVS verification attempt:

Invoke OVS2 for SSN verification: R

SSN has been verified flag: N

8. Place/Location of Death

Place of death: NURSING HOME/LONG TERM CARE

Specify other

place of death:

County of death for selecting facility: SHELBY

Check if facility is not in the list: Yes

Country: UNITED STATES

State: TENNESSEE

*Place of death county location ID:

Location ID of facility of death:

Hospice patient:

Time of death unknown: 0

Age type for export: 1

Age unknown: 0

Use delayed "stamp" flag: N

Continue Cancel

This will take you to the record details page. Scroll to the bottom of this screen and press "continue."

Printing a Record

The screenshot displays a web interface titled "Report - Confirm" in purple text. Below the title, there is a container with two buttons: "Print Death Certificate" and "Generate Document". The "Generate Document" button is highlighted with a red oval. Below this container is a "Continue" button. The interface has a light gray background with horizontal lines separating the sections.

You will now be able to generate a printable-PDF document by pressing the “generate document” button.



User Agreements

User Agreements can be sent to:

TN Dept. of Health – Vital Records or health.vrism@tn.gov
710 James Robertson Pkwy
Andrew Johnson Tower, 1st Floor
Nashville, TN 37243

If you haven't already done so, we ask that you fill out a User Access Request and Agreement form. This will give you access to the VRISM system. Forms can be mailed, emailed, or faxed to TN Dept. of Health, Office of Vital Records.



<https://test.vrism.tn.gov/vrism/do/login>

Physician Test Login:

Username: PhysicianTest

Security Question: last word in the question

Image/Phrase: lion/VRISM

Password: Vrism2018!

Medical Examiner Test Login:

Username: MedicalExaminer

Security Question: last word in the question

Image/Phrase: lion/VRISM

Password: Vrism2018!

If you would like to practice, we have a test environment in which you can become more familiar with the system. If you need any help getting access to this account, please contact the VRISM Help Desk.



Thank you

855.874.7686 · health.vrism@tn.gov

We thank you for taking the training today.